

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name <u>CITY OF SAN JOSE</u>		RECEIVED Date Stamp San Jose City Clerk OTC <i>[Signature]</i> 2018 APR -3 PM 3:35	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) <u>HUMAN RESOURCES / EMPLOYMENT DIV.</u>			
Designated Agency Contact (Name, Title) <u>LIH LE (ACTING DIVISION MGR.)</u>			
Area Code/Phone Number <u>408-535-5652</u>	E-mail <u>lih.le@sanjoseca.gov</u>	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 60⁰⁰

Event Description: CIRQUE DU SOLEIL CRYSTAL Date(s) 04 / 01 / 2018
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>HUMAN RESOURCES - EMPLOYMENT</u>	<u>16</u>	<u>RECOGNITION</u>

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Kelli Parmley Kelli Parmley Acting Asst HR Director 4/3/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____